**Standardization Training on KMC Intervention and Care of Low Birth Weight Infants**

**For Master Trainers**

**At Biorepository - II Floor Conference Hall**

**September 2016 Schedule**

By the end of the training the participant Community Coordinators should be able to acquire below mentioned knowledge and skills and thus be able to facilitate training of Field Level Workers and implementation of the intervention in the 1st quarter:

**Objectives:** By the end of the training participants will be able to

Background

* List the major causes of neonatal mortality in India
* Explain the need for implementation of KMC at facility and community by its relevance to neonatal mortality

KMC situation (the barriers)

* Describe the barriers and facilitators to KMC
* Describe their role in addressing barriers and facilitators to KMC in the community

Intervention model

* Be aware of the proposed facility intervention model in terms of its goals, objectives, activities and indicators for KMC implementation

Clinical skills on

1. Identification of Low Birth Weight Newborn such as
	1. Identification of women at high risk for delivering LBW or preterm babies
	2. Differentiation b/n live-birth and stillbirth
	3. Weighing a newborn accurately (using beam or digital or spring balance)
	4. Estimating gestational age (prematurity vs term)
2. General Care of LBW such as
3. Identification of stable babies
4. Triaging and determining referral of sick newborn requiring care in higher facilities
5. Checking temperature of a newborn
6. Practicing infection control measures at home
7. KMC such as
8. Counselling a mother/care giver for providing KMC – simulation, initiation and maintenance
9. Assisting a mother/care giver to position a LBW infant for KMC
10. Feeding a LBW such as
11. Assisting a mother to express breast milk
12. Feeding a LBW by pallada
13. Danger Signs of LBW such as
14. Identifying danger signs – jaundice, respiratory distress, sepsis, lethargy, convulsions and making appropriate referrals
15. Ensuring community readiness by
16. Facilitating ASHA/ANM to address aspects of care such as
	* + Counselling a mother / care giver on exclusive breast feeding
		+ Counselling a mother / care giver for discharge and follow up
		+ Counselling a mother / care giver on ways to prevent infection in a LBW (hygiene, cord care, exclusive breast feeding)
		+ Counselling a mother / care giver on danger signs to look out for in a LBW baby.
17. Facilitating ASHA to receive specific discharge advice from staff to support continuation of KMC at home

**Day 1:**

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| --- | --- | --- |
| **Timings** |  | **Facilitator** |
| 8:30 – 10.30 a.m. | Registration and pretest |  |
|  | Rapid assessment of CC/CRPs using Observed (O) and Unobserved (UO) stations – 5 minutes each (50 minutes and pretest* Weight (O)
* KMC position (O)
* Checking Temperature (O)
* Danger signs (UO)
* Identifying high risk mothers (UO)
* Counseling mother – KMC position and benefits (O)
* Barriers to KMC (UO)
* Expressing breast milk and feeding a newborn with pallada / spoon (O)
* Follow up to be done for LBW babies (UO)
* Breast feeding (UO)
 |  |
| 10:30 – 10:45 a.m.  | TEA |  |
| 10:45 – 11:45 a.m. | GROUP 1: Observe in Ward * Counseling a mother for KMC and benefits
* Checking weight and swaddling a LBW
* Feeding a LBW by palada / Expression of BM
* Checking Temperature

***Group 2, 3, 4, will spend 20 minutes at each of the stations with one facilitator***GROUP 2: Practice in Classroom Station 1 the following* Checking weight and swaddling a LBW
* Feeding a LBW by palada / Expression of BM
* Checking Temperature / respiration

GROUP 3: Practice in Classroom Station 2 the following* Counseling a mother for KMC and benefits
* Counsel a mother on how to address barriers for KMC

GROUP 4: Practice in Classroom Station 3 the following * Danger Signs – Respiratory distress, jaundice, lethargy, seizures, hypothermia, irritability
* Documentation of KMC
 |  |
| 11:45 – 12:45 p.m. | GROUP 2: Observe in Ward * Counseling a mother for KMC and benefits
* Checking weight and swaddling a LBW
* Feeding a LBW by palada / Expression of BM
* Checking Temperature

***Group 3, 4, 1 will spend 20 minutes at each of the stations***GROUP 2: Practice in Classroom Station 1 the following* Checking weight and swaddling a LBW
* Feeding a LBW by palada / Expression of BM
* Checking Temperature / respiration

GROUP 3: Practice in Classroom Station 2 the following* Counseling a mother for KMC and benefits
* Counsel a mother on how to address barriers for KMC

GROUP 4: Practice in Classroom Station 3 the following * Danger Signs – Respiratory distress, jaundice, lethargy, seizures, hypothermia, irritability
* Documentation of KMC
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| 12:45 – 1:15 p.m. | Background: LBW, problem statement and project goals, objectives with emphasis on community mobilization for KMC* Identification of HR mothers and referring for institutional deliveries
* Simulation of KMC
* Checking weight of babies born at home, identification of LBW and referring to a KMC facility
 |  |
| 1:15 – 2:00 p.m. | LUNCH |  |
| 2:00 – 2:30 p.m.  | Facility scenario, barriers and proposed initial test intervention model |  |
| 2:30 – 3:15 p.m.  | Identification of HR mothers for LBW/Preterm babies and motivating them for institutional delivery* Hypertension in pregnancy
* Anemia and Malnutrition
* Bleeding
* Infection
* Leaking PV
* IUGR

Preparedness for LBW babies |  |
| 3:15 – 5:00 p.m. | Introduction to Preterm and LBW babiesKMC overview – discussion* Requirements, Position, Eligibility
* Benefits
* Barriers to KMC
* How to overcome barriers in community– simulation, counseling, AKKA

Practice on Mannequins – for position |  |
| 5:00 – 5:15 p.m.  | TEA |  |

**Day 2:**

|  |  |  |
| --- | --- | --- |
| **Timings** |  | **Facilitator** |
| 8:30 – 9:30 a.m. | Class room discussion: Feeding techniques for a LBW* Amount of Feeds
* Type of feeds
* Monitoring if baby is getting enough feeds
* Challenges mothers face with feeding LBW infants
 |  |
| 9:30 – 10:30 a.m. | Counseling (Ask, Listen, Praise, Advise, Check understanding- ALPAC) a mother and family member for KMC (class room session with clinical scenarios) on KMC, Feeding, Danger signs, Follow up.* Demonstration
* How to address the various barriers to improve duration of KMC

Practice of counseling with feedback |  |
| 10:30 – 11:30 a.m.  | GROUP 3: Observe in Ward * Counseling a mother for KMC and benefits
* Checking weight and swaddling a LBW
* Feeding a LBW by palada / Expression of BM
* Checking Temperature

***Group 4, 1 will spend 20 minutes at each of the stations***GROUP 2: Practice in Classroom Station 1 the following* Checking weight and swaddling a LBW
* Feeding a LBW by palada / Expression of BM
* Checking Temperature / respiration

GROUP 3: Practice in Classroom Station 2 the following* Counseling a mother for KMC and benefits
* Counsel a mother on how to address barriers for KMC

GROUP 4: Practice in Classroom Station 3 the following * Danger Signs – Respiratory distress, jaundice, lethargy, seizures, hypothermia, irritability
* Documentation of KMC
 |  |
| 11:30 – 11:45 a.m. | TEA |  |
| 11:45 – 12:45 p.m.  | GROUP 4: Observe in Ward * Counseling a mother for KMC and benefits
* Checking weight and swaddling a LBW
* Feeding a LBW by palada / Expression of BM
* Checking Temperature

***Group 1, 2, 3 will spend 20 minutes at each of the stations***GROUP 2: Practice in Classroom Station 1 the following* Checking weight and swaddling a LBW
* Feeding a LBW by palada / Expression of BM
* Checking Temperature / respiration

GROUP 3: Practice in Classroom Station 2 the following* Counseling a mother for KMC and benefits
* Counsel a mother on how to address barriers for KMC

GROUP 4: Practice in Classroom Station 3 the following * Danger Signs – Respiratory distress, jaundice, lethargy, seizures, hypothermia, irritability
* Documentation of KMC
 |  |
| 12:45 – 1:45 p.m.  | LUNCH |  |
| 1:45 – 2:30p.m.  | Role of CRP in teaching ASHA/ANM how to address barriers / facilitators to implement KMC in the communityDocumentation  |  |
| 2:30 – 3:15 p.m. |  |
| 3:15 – 3:30 p.m.  |  |
| 3:30 – 4:30 p.m.  |  |
| 4:30 – 5:00 p.m. | Closing |  |
|  | Assessment can be done 2 weeks later in the field  |  |